MARIN COUNTY

PERMIT APPLICATION

ENVIRONMENTAL HEALTH SERVICES

Please complete, sign, and return with Remittance

Type of Business:		FOR APARTMENTS / POOLS	
Type of Dusiness.			This Column
		# of Units: AP #:	for:
Name of Business:		REMARKS:	OFFICE USE
			ONLY
SITE ADDRESS of Business:			Pemit Number:
	Phone No:	I hereby certify that I am the owner or authorized	Element Code:
		representative of the premises for which a permit	
Owner's Name:		is applied, and that said premises will comply	Health Inspector:
		with all laws and ordinances in effect or hereafter	1
Owners's Address:		enacted.	Annual Fee:
Owners's Address.		enacted.	Ailliuai Fee.
			2
	Owner's Phone:		
		SIGNATURE of owner, partner, corp. officer,	
MAILING ADDRESS: (for billing/permitting)		or agent.	
(ioi oining pointing)			
		<u>X</u>	
_			
	Phone No:	DATE / /	

MAKE CHECK PAYABLE TO: MARIN COUNTY

MAIL TO: ENVIRONMENTAL HEALTH SERVICES, CIVIC CENTER, ROOM 236, SAN RAFAEL, CA 94903 PHONE #: 415-499-6907 FAX #: 415-507-4120

MARIN COUNTY

PERMIT APPLICATION

ENVIRONMENTAL HEALTH SERVICES Please complete, sign, and return with Remittance Type of Business: FOR APARTMENTS / POOLS This Column # of Units: AP #: for: **REMARKS**: Name of Business: **OFFICE USE** ONLY **SITE ADDRESS** of Business: Pemit Number: I hereby certify that I am the owner or authorized Phone No: Element Code: representative of the premises for which a permit is applied, and that said premises will comply Owner's Name: Health Inspector: with all laws and ordinances in effect or hereafter Owners's Address: Annual Fee: enacted. \$ Owner's Phone: SIGNATURE of owner, partner, corp. officer, (for billing/permitting) **MAILING ADDRESS:** or agent. DATE / / Phone No: